

WEEKLY BULLETIN



CALIFORNIA STATE DEPARTMENT OF PUBLIC HEALTH

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BERTRAM P. BROWN, M. D., Director

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Editor

CALIFORNIA'S WARTIME PUBLIC HEALTH*

By BERTRAM P. BROWN, M. D., Director of Public Health

The time has come when the people of California and its chosen officials must accept this war as the most momentous undertaking of history. The days of soft, easy living are gone, for the duration at least, and days of privation, self-denial, energy consuming effort, intensive planning, careful management of resources and a courageous spirit of offense must be developed, if they have not already arrived.

Health officers, particularly, must take active leadership in the conservation of human resources as a weapon of first importance in winning the war. There is no governmental agency other than the health department that performs the services that are so essential in these crucial times; for that reason careful evaluations must be made in every community. In some places identical services are indicated but in many other communities emergency programs for public health must be established along original and different lines. Careful planning and execution must be undertaken in order that activities shall fit the war situation as it exists in each locality.

There can be no denial that safeguarding and developing the health of civilians is right now the most urgent necessity that faces us. More and more, women will be employed in industry and, as the war develops, rehabilitated rejected selectees and men in the older age groups will be drawn into the production of weapons for war. Every other activity must be submerged, even sacrificed, in order that industrial workers may be kept fit to produce.

Some of those factors that have to do with the promotion of health among industrial workers may not lie directly within the legal province of the health officer. The matter is of such supreme importance, however, that no health officer anywhere should fail to take the initiative in the development of a strong partnership with other agencies in order that the desired objectives may be achieved quickly and without loss of efficiency.

It is a well-known fact that respiratory infections provoke one of the greatest losses in industry. More man days of work are lost due to common colds and respiratory infections of all types than any other single factor. Unfortunately, we do not have the key to the prevention of many of these respiratory diseases. We know, however, that through the maintenance of certain essentials we may reduce the incidence of some of these infections very greatly. In the prevention of respiratory infections, housing and overcrowding particularly have gained recognized importance. In addition to overcrowding, lack of warmth, dampness and inadequate ventilation are known to play important parts in the production of epidemics that involve the respiratory tract.

In many localities throughout California, two, three, or more families are occupying dilapidated dwelling houses designed originally for the occupancy of single families. Thousands of families of agricultural migrants have been drawn into the industrial areas of the State. In order to keep warm it is customary for a whole family of such migrants to sleep in a single room. The resultant overcrowding is a primary factor in the transmission of infections.

* Read before Department of Health Officers, League of California Cities, Los Angeles.

It is too late to achieve any material results in the construction of buildings. Every health officer, however, has adequate authority to make first hand inspection in order to control overcrowding.

Dr. Huntington Williams, Commissioner of Health at Baltimore, in the September issue of the *Journal of the American Public Health Association* presents testimony to the successful results gained by the Baltimore Health Department in the control of housing conditions, largely through direct inspection and through cooperation with other municipal agencies, some of which have full authorization in the control of housing conditions. Any health officer of California can obtain sufficient authority, through cooperation with other agencies, by which he may inspect premises for overcrowding and insanitation. No time should be lost in making surveys of housing conditions, cooperating with military and naval authorities, building and housing inspection departments and all other agencies that may have jurisdiction.

Whether at work or at home the industrial worker must be provided with as good conditions as can possibly be maintained in the emergency. Right now is the time to begin with the prevention of overcrowding. At the approach of winter this becomes increasingly important. A single widespread epidemic of respiratory infections might produce a staggering blow in the production of materials for winning the war. The responsibility of health officers in this matter is indisputable and every health officer who is present at this time should return to his community prepared to institute a definite program for good local housing conditions. Public health nurses, sanitary and other inspectors should be used in this endeavor. If necessary, they should work overtime in order that proper conditions may be developed before the winter season begins.

First hand instructions should be given to negligent occupants of dwelling houses who persist in overcrowding. Inspectors should take a determined stand in the correction of all housing defects that are possible to correct. Simple instructions, even orders, in mimeographed form may be issued in order to correct faulty conditions.

It is hoped that through the application of developments in recent research into respiratory infections our practical knowledge of control methods may be increased. A respiratory disease advisory council to the California State Department of Public Health has been appointed to evaluate all possible means for breaking the chain of communication in these infections.

In the meantime, the importance of securing prompt reports of any unusual number of cases of

respiratory infection should be remembered. The quick reporting of such cases is of the greatest value to the California State Department of Public Health and to its research laboratory. Any sharp increase in deaths from pneumonia should also be reported without delay. The local health officer should bear in mind that quick reporting of an unusual number of either cases or deaths from respiratory infections is of tremendous assistance in an emergency. There is an indication, at present, that deaths from pneumonia are more prevalent than usual and health officers are urged to watch for any sharp local increase in the numbers of deaths from this cause and advise the State office without delay.

Another matter of great importance in this emergency is food sanitation in all of its ramifications. Adequate supplies of clean food, produced, stored and dispensed under the most sanitary conditions will play important parts in winning the war. The immediate problem is to produce the food and to insure its high standard of quality and food content and to dispense it in such a manner that there can be no possibility of the contraction of communicable disease through its consumption. The rapid turnover of employees in food producing and food dispensing plants interferes seriously with the sanitation of such places. In some cities health officers commendably are giving courses of instruction for food handlers in restaurants, cafes, soda fountains and lunch rooms in order to inform them how to maintain their places of employment in accordance with standard rules of sanitation. These courses deal with food poisoning, washing and sterilization of dishes, food handling and maintenance of equipment as well as the interpretation of public health laws and regulations. The time now is too short to rely upon such courses. Inspectors must give comprehensive and detailed instructions in the field at the time of making their inspections. A few minutes of concentrated effort with employees who are untrained in sanitation can produce excellent results in the production of cleanliness. Many of these untrained workers need only simple instructions from an authorized source. Unless the inspector is trained, however, he is unable to give the essential instruction. Because of the shortage of personnel in most health departments there seems to be no available method to provide these services except through overtime employment and the shifting of employees from other lines of public health activities into sanitary inspection.

The health of industrial workers must be safeguarded through strict supervision over the production of box lunches that may be sold in the vicinity of industrial plants and supervision over restaurants,

soft drink stands, sandwich shops and similar places that cater to industrial as well as military populations. Unless the foods consumed by workers are produced and maintained under conditions of absolute cleanliness, destructive outbreaks of food poisoning may occur. No effort should be lost in the enforcement of all laws and regulations that pertain to food sanitation and no effort should be lost in giving adequate instruction in the field to all persons who are engaged in the food industries.

While it is recognized that many local health departments have no facilities for the maintenance of food standards, they may, through observation, learn of the presence in the community of food products that may be suspected of nonconformance with the provisions of the pure food act. Food and drug laws are enforced mostly by State and Federal agencies. Nevertheless, the local health department has a distinct duty to perform in advising the State Department of Public Health of any circumstances under which it is believed that sub-standard foods are produced or sold in the community. Of what value can it possibly be to educate the worker to consume what is known as enriched bread unless the bread that is sold is actually enriched? If the label on the food product is libelous, if the container does not hold the products that are specified on the label, a long and time consuming project in nutritional education may be completely destroyed overnight. Food products must conform to the law and they must contain the required food essentials if the nutrition of the people of any community is to be maintained. This is a matter for control at source of production and every local health officer must consider himself a deputy of the State Department of Public Health in the determination of the presence of any food product that does not conform to required standards.

(Continued in next issue)

COURSE OFFERED TO TECHNICIANS IN PHYSICAL THERAPY

Owing to the very definite lack of sufficient technicians in physical therapy and the increasing need for these due to the large rehabilitation program that must be planned because of the war, the University of California Medical School is offering a course to students who wish to become technicians in physical therapy. This course will be given at the University of California Medical School, San Francisco, California, and will cover a period of one year (forty-eight weeks) divided into three terms. A bachelor's degree in physical education or nursing is required. Application should be made at once

for entrance on October 12, 1942, and must include a transcript of record and a medical certificate. Application should be directed to Mrs. Daisy M. Judson, Recorder, Medical Center, University of California Hospital, San Francisco, California.

EXAMINATION FOR PUBLIC HEALTH NURSE

The California State Personnel Board has announced an examination for Public Health Nurse on October 17, 1942. The examination will be held in Sacramento, San Francisco, Los Angeles, San Diego, Eureka, Fresno, Red Bluff and other places as warranted. Each candidate must possess a valid license as registered nurse and a certificate as a public health nurse in the State of California. The duties of the position call for a wide range of activities in maternal and child health nursing, venereal disease control, prevention and control of other communicable diseases, rehabilitation of physically handicapped children, inspection of hospitals and homes and many other duties related to public health administration. The final date for filing applications is set as October 1, 1942. Further information relative to the examination may be obtained from the State Personnel Board at 1015 L Street, Sacramento.

POST-GRADUATE TUBERCULOSIS SYMPOSIUM ANNOUNCED

The second annual Post-Graduate Symposium in Tuberculosis will be given by the Los Angeles Trudeau Society at weekly intervals and oftener during the period October 5th to 27th.

The sessions will be held in hospitals in several geographic locations in Los Angeles County. Some sessions will be held in the headquarters of the Los Angeles Medical Association. On October 15th a combined meeting with the county medical society will be held. Sessions will be addressed by outstanding experts in the treatment of tuberculosis. At the combined meeting with the county medical society on October 15th, Dr. F. M. Pottenger, Sr., member of the California State Board of Public Health, will address the meeting on the general practitioner's duties to the tuberculous patient. At the same meeting a group will discuss the relationship of the tuberculosis campaign in regard to the war.

Dr. Edward Kupka, Chief of the Bureau of Tuberculosis of the State Department of Public Health, has been active in the preparation of the program.

MORBIDITY*

Complete Reports for Certain Diseases Recorded for Week
Ending September 5, 1942

Chickenpox

51 cases from the following counties: Alameda 3, Contra Costa 2, Kern 1, Lassen 1, Los Angeles 19, Orange 2, Sacramento 1, San Diego 6, San Francisco 8, San Joaquin 1, Santa Clara 3, Sonoma 1, Ventura 3.

German Measles

35 cases from the following counties: Alameda 4, Kern 2, Los Angeles 11, Marin 1, Mariposa 1, Orange 3, San Diego 3, San Francisco 6, Sonoma 1, Stanislaus 1, Ventura 2.

Measles

79 cases from the following counties: Alameda 4, Kern 1, Kings 1, Lassen 1, Los Angeles 23, Merced 1, Monterey 9, Orange 1, Sacramento 1, San Benito 2, San Bernardino 4, San Diego 12, San Francisco 12, San Luis Obispo 1, San Mateo 3, Santa Clara 2, Stanislaus 1.

Mumps

220 cases from the following counties: Alameda 24, Butte 1, Contra Costa 2, Fresno 1, Kern 3, Lassen 1, Los Angeles 38, Merced 1, Monterey 4, Orange 29, Sacramento 3, San Benito 1, San Bernardino 1, San Diego 44, San Francisco 36, San Joaquin 2, San Luis Obispo 1, San Mateo 3, Santa Clara 2, Santa Cruz 1, Sonoma 3, Stanislaus 12, Sutter 1, Ventura 2, Yolo 4.

Scarlet Fever

24 cases from the following counties: Alameda 1, Kern 2, Los Angeles 12, Sacramento 1, San Diego 3, San Francisco 2, San Joaquin 1, Sutter 1, Yuba 1.

Whooping Cough

150 cases from the following counties: Alameda 14, Butte 2, Contra Costa 1, Fresno 1, Kern 1, Los Angeles 44, Madera 3, Marin 7, Monterey 2, Orange 3, Sacramento 11, San Bernardino 1, San Diego 7, San Francisco 14, San Joaquin 6, San Luis Obispo 3, San Mateo 3, Santa Clara 7, Santa Cruz 5, Solano 4, Stanislaus 8, Ventura 3.

Coccidioidal Granuloma

2 cases from the following counties: Kern 1, Los Angeles 1.

Diphtheria

9 cases from the following counties: Los Angeles 1, Orange 1, San Diego 1, Santa Barbara 1, Santa Clara 1, Ventura 2, Yuba 1, California 1.**

Dysentery (Bacillary)

12 cases from the following counties: Los Angeles 9, San Francisco 3.

Encephalitis (Epidemic)

4 cases from the following counties: Fresno 3, San Joaquin 1.

Epilepsy

33 cases from the following counties: Fresno 1, Los Angeles 27, Orange 1, San Bernardino 1, San Francisco 1, San Joaquin 2.

Food Poisoning

39 cases: San Francisco 11, California 28.**

Influenza

21 cases reported in the State.

Jaundice (Epidemic)

3 cases reported from San Diego County.

Malaria

2 cases from Los Angeles County.

Meningitis (Epidemic)

3 cases from the following counties: Los Angeles 1, San Francisco 1, Ventura 1.

Paratyphoid Fever

One case from Los Angeles County.

* Data regarding the other reportable diseases not listed herein, may be obtained upon request.

** Cases charged to "California" represent patients ill before entering the State or those who contracted their illness traveling about the State throughout the incubation period of the disease. These cases are not chargeable to any one locality.

Poliomyelitis

23 cases from the following counties: Alameda 1, Fresno 1, Kings 1, Los Angeles 7, Orange 2, San Bernardino 1, San Diego 9, San Joaquin 1.

Rabies (Animal)

7 cases from the following counties: Fresno 4, Los Angeles 2, San Diego 1.

Relapsing Fever

One case from San Bernardino County.

Rheumatic Fever

One case from Los Angeles County.

Tetanus

3 cases from the following counties: Los Angeles 2, Sacramento 1.

Typhoid Fever

3 cases from the following counties: San Benito 1, San Diego 2.

Undulant Fever

2 cases from Los Angeles County.

The California State Department of Public Health is proud of the members of its staff who have entered the armed forces of the United States. It is with a sense of great pride that the names of the following men who have entered such forces are listed here:

UNITED STATES NAVY

Lloyd P. Bascom
Alcor Browne
O. L. Butterfield
James R. Keefer
Francis J. Lenehan
Rollyn E. Malde
E. B. Mansfield
John Martin, M.D.
Jack W. Pratt
Don Roberts
Robert E. Ryan

UNITED STATES ARMY

Ray Atkinson, M.D.
Beckwith Clark
Jules Comroe, M.D.
Leon Comroe, M.D.
Joseph Copeland, M.D.
Sidney F. Dommes, Jr.
Robert Dyar, M.D.
J. J. Fitzgerald, M.D.
Herbert B. Foster
George Husser, M.D.
Edward Maher, M.D.
Richard Peters
Julius R. Scholtz, M.D.
Joseph B. Smith

UNITED STATES MARINES

John Cruzan

University of California
Medical Library,
3rd & Parnassus Aves.,
San Francisco, Calif.

